

Nov Gay

Passed March 17th
1825

One

Puerperal Fever

By Francis D. Jones

After April 17

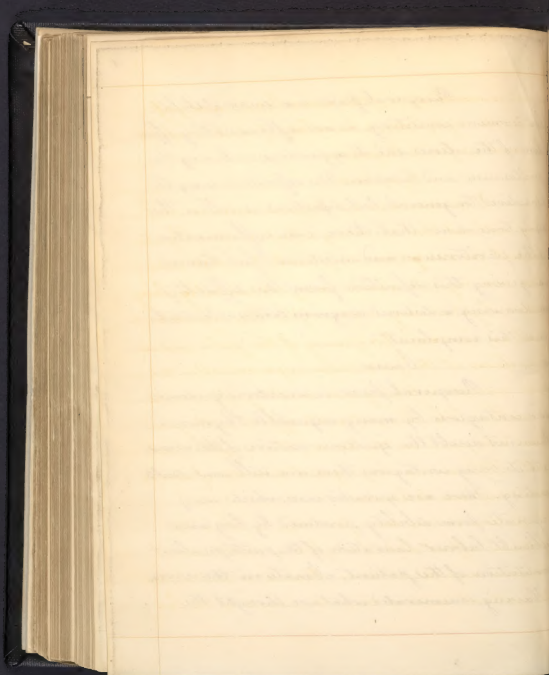
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Puerperal fever is a disease of child-bed women, consisting in an inflammatory affection of the uterus and its appendages, including the peritoneum and Intestines. This definition may be considered too general, but dissections as well as the symptoms show, that there is an inflammation of the peritoneum, and intestines. I feel licensed in giving this definition from the difficulty in drawing a distinct diagnosis between Peritonitis and this complaint

Causes

Puerperal fever is considered epidemic and contagious by many respectable Physicians. I cannot doubt the epidemic nature of this disease as to its being contagious there are still some doubts existing. There are sporadic cases, which may originate from debility produced by long and difficult labour, laceration of the parts, peculiar constitution of the patient, climate and the seasons.

Having enumerated what are thought the



most general causes of this disease. I shall now pass on to the symptoms, a knowledge of which, is infinitely more useful to Physicians

Symptoms

It commences in an insidious manner sometimes without that shivering which is usually attendant on dangerous complaints. In other cases, there are rigours, which vary considerably; being either slight or very severe. After the rigours have past, an increased frequency of the pulse and an oppression at the præcordia supervene, attended with nausea, retching, and vomiting of greenish or yellow bile; the patient is affected with great thirst and pain in the head; the night is past with little or no sleep, great disorder of mind, and sometimes delirium.

At this time or very soon after, pain is felt in the abdomen at first slight, but after a short time, it increases and the abdomen becomes so tender, that the patient cannot bear the weight of the bed

clothes, a fulness of the abdomen accompanies this from the first, which generally increases rapidly, and often continues to enlarge so much, as to make the patient appear, as if she had not been delivered. The countenance at this period assumes an inexpressible anxiety, the lips are pale and parched, and the tongue for the most part is foul.

There is a kind of livid stripe under each eye, and the cheeks are flushed, with a circumscribed redness. Now the respiration becomes hurried, the patient sighs heavily, becomes restless, turns from one part of the bed to the other, or lies upon her back; then raising up her hands throws them down with some force. The secretion of milk, is nearly suspended soon after the attack, the breasts become flaccid, and the patient who was all solicitude about her child, now makes no inquiries about it. The lochial discharge is entirely suppressed, or only issues in small quantities and is dark, and offensive. The urine is scanty

and highly coloured, the bowels are generally constipated and flatulent, the eyes are brighter than natural, and the pupils somewhat dilated.

This may be considered the first stage of the disease, which seldom continues longer than fifty hours; in some it terminates in a much shorter period. When this disease is not arrested, it passes into the ~~second~~ ^{third} stage.

The approach of this is marked by an increased frequency of the pulse, which is generally between 100 and 140 in a minute. All the appearances of a rapid disposition come on, the tongue becomes dry, and brown, the teeth and gums are encrusted with sordes, accompanied with great thirst.

Sometimes the skin is hot and dry, and at others, there is a cold, clammy sweat on it. The patient complains of ~~thellpore~~, the cheeks are alternately flushed and pale, the eyes lose their expression, and the pupils are very much dilated. The countenance is indicative of the greatest distress and anxiety.

the pain in the abdomen ceases, the patient becomes restless and a vomiting of a coffee coloured fluid, hiccup, delirium, and paroxysms of dyspnoea supervene, which terminate with the life of the unfortunate patient.

This complaint comes on from one to six days after delivery, and if not checked, will run its course in five days, and often in a much shorter time.

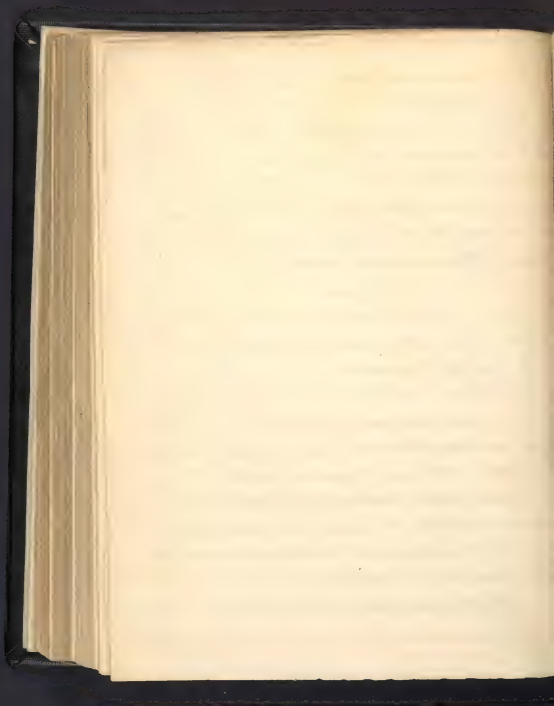
Diagnosis

I shall draw a distinction between this and a few of the diseases of child bed, such as milk fever, after pains, and weed or ephemera.

Milk fever is known principally by the swelling, irritation and enlargement of the breasts, and while the febrile symptoms last, the pain is confined to the breasts.

On the contrary, in Puerperal fever, the pain is in the abdomen, and the breasts are flaccid. Besides there is a greater debility, the nausea is more distressing, and the pulse is much quicker in the commencement of this fever, than in milk fever.

In after pains, the fever often produces uneasiness



but in puerperal fever, the abdomen is sore to the touch, and pressure always increases the pain. In the first there is no accession of fever or accelerated pulse, the pains are grinding, like those in labour and are succeeded by complete remission. On the contrary, in puerperal fever, there is an increase of febrile symptoms, marked by an uncommon rapidity of the pulse and almost unceasing pain.

The absence of abdominal irritation in used, is sufficient to distinguish it from puerperal fever.

Prognosis

We should be very cautious in giving the prognosis in this disease, as in all others; for there is no complaint more apt to deceive the Physician, if he is not perfectly on his guard. The pain in the abdomen, which is considered a pathognomonic symptom, has deceptive remissions, about the second or third day, which are very apt to lead him astray, in forming the prognosis. We may expect a favourable issue, when the pulse becomes regular and strong.



parade easy and deep, the stomach retains the force of
medicines, the stools continue regular, the bowels and
pain in the belly abate, when the skin is moistened
with a moderate and even perspiration, the tongue
becomes clean and moist and fresh discharges of the
lochia and secretion of the milk take place.

On the contrary when respiration is short and feeble,
the pulse extremely weak and compressible and very
frequent; there is a vomiting of a coffee coloured
fluid an increase of abdominal distention, repeated
shiverings and a cold damp skin the symptoms
fully authorize us in pronouncing the case desperate.

It appears that the sooner the attack after delivery
the greater is the danger now that there, when sensations
are diminished from the commencement of the attack,
we apt to sink under this disease; But an excess of
sensibility is fully as much to be dreaded. An approach
to mental confusion or delirium with an agitated coun-
tenance and a hurried unconnected way of speaking,
constant sighing, pain and oppression in the chest



visual deception, imaginary sounds and voices with stupor;
are inauspicious symptoms. When the disease has existed
more than twenty four hours rigour are very alarm-
ing; for they generally indicate gangrene or suppu-
ration. But we should be cautious in not confounding
them with a morbid sensibility of the skin to external
impressions: for they may be distinguished from the
latter by the pulse remaining unaltered in force and
frequency.

A diarrhoea coming on in the first stage is a favour-
able symptom, but when it occurs in the last it is most
unfavourable. I could enumerate a number of prognostics
that are spoken of by authors but I conceive that I have
mentioned enough for the present purpose.

Treatment

If called upon to attend a patient a short
time after delivery, whilst this disease was epidemic
I should administer a dose of Calomel and Jalap as
a preventive, which if it did not remove all the
causes, would be taking one important step towards



... use of the complaint. When a chill commences bottles
 of warm water, sinapisms should be applied to the extrem-
 ities to bring about a reaction in the system. After this
 reaction is brought about being convinced by the pain in the
 abdomen and other symptoms that it was purperal fever
 would bleed the patient plentifully, taking when the
 symptoms called for it twenty or thirty ounces of blood
 and repeat the venisection as often as it was necessary, which
 would prepare the system for the administration of
 purgative medicines, and I would continue them until
 the bowels were freely opened. In the next place great ad-
 vantage might result from an Emetic composed of Tartar
 Emetic and Spices; but Emetics should by no means be
 used before the foregoing remedies as they can never be as
 beneficial, and as the employment of the more active
 means is necessary to prevent this disease from running
 into the last stage.

The application of blisters or fomentations to the ab-
 domen and drawing injections of warm water into the rectum
 and vagina would now I think be attended with the



happiest effect; and persisting in the antiphlogistic regimen, and depleting plan in the first stage, we may generally effect a cure of this disease in four or five days.

If these means should not remove the disease, and it run into the last stage, purgatives and stimulants should be used not with a hope of stopping its course, but with a view of relieving the distressing situation of the patient. For the mischief which is done to the contents of the cavity of the abdomen by the ravages of this complaint renders it almost incurable. Although there is a probability of the effused morbid fluid being carried off by purgatives; at the time these are used, stimulants should be given to support the strength of the patient. Of these I would administer Opium as it is better calculated to relieve irritation and support the system under the operation of purgatives. In the next place Spirits of Turpentine, Volatile alkali, Mustk or any other Stimulant may be given.

At this time the diet should be very stimulating, consisting of wine, Beef tea enriched with highly seasoned



or any thing that the patient might stand.

I shall now speak more particularly of a few of the remedies used in this disease. In the first place, Emetics has been more praised by some writers than any other remedy which has been used in this complaint and I think most deservedly; for there is no remedy which has given more instantaneous relief or more paves the system as well, for the operation of medicines.

There are many who depreciate this practice and think it has done much more injury than benefit, but these last have never carried the depleting plan, one half so far as the first and they are therefore incapable of judging whether their want of success originates from too much or too little depletion. That it arose partly from the latter, the success of our best practitioners has plainly shown. It may also have arisen from having used the lancet in the last, which was highly improper. For there is no remedy which is unfortunately more injurious than the lancet in the last stage of most diseases. We should pay more attention to the



effects which bloodletting has on the system than to the quantity drawn for often very very large quantities may be taken from women of delicate constitutions

Another thing which should be observed is that we should not be governed so much by the pulse as by the pain in the abdomen, for in inflammation of the peritoneum there is a prostration of strength which apparently indicates the use of stimulents but if this practice were adopted it would certainly be fatal. Purgatives may be justly ranked next to Bleeding in the treatment of Puerperal fever for they not only carry off the vitiated secretions of the Liver and Bowels but also operate locally and generally as evacuants which make them indispensably necessary, especially in the first stage, where they should be used to a great extent; continuing them until the disease is completely removed.

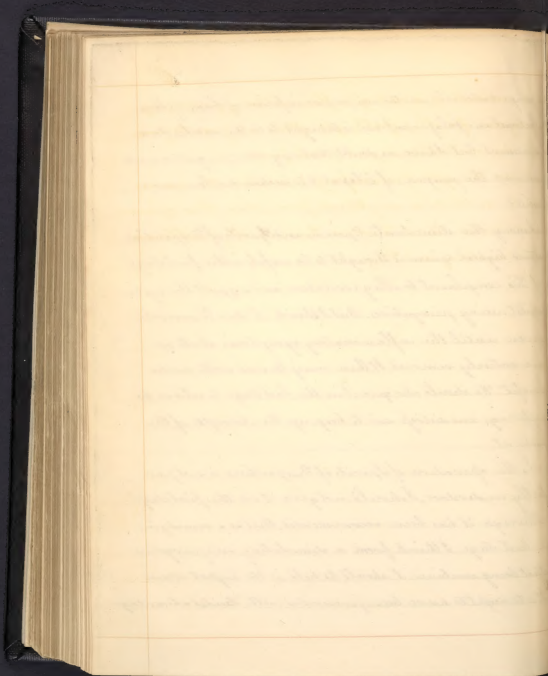
Although the moderate use of purgatives is recommended in the last stage, we should be guarded in giving them for we may destroy the life of the patient before we are aware of it. Those most usually given are Calomel and



jalap, castor oil, and the compound infusion of senna. Of these calomel and jalap combined is thought to be the most certain evacuant but I have no doubt that any other purgative would answer the purpose, if liberal Venisection has been pre-
mised

Among the stimulants, Opium and Spirits of Turpentine stand highest. Opium is thought to be useful in the first stage of this complaint to allay irritation and support the system whilst using purgatives, but I think it should never be given until the inflammatory symptoms abate or are entirely removed. It then may be used with decided benefit. We should also give it in the last stage to relieve the sufferings and distress and to keep up the strength of the patient

As the operation of Spirits of Turpentine is not perfectly understood, I should not give it in the first stage although it has been recommended. But as a remedy in the last stage, I think from a stimulating and purgative effect being combined, it should be held in the highest esteem. It is thought to have been prescribed with decided advantage



in peritonitis in a state of inflammation approaching
gangrene, if so, it is probable good effects may result from
its administration in puerperal fever

I have thought it unnecessary to mention the names
of the authors, (in my Thesis) from whom these opinions
were taken, those to whom I am chiefly indebted are
Dr Armstrong and Hay

